Bureau of Health Care Quality and Compliance

AND PLAN OF CORRECTION IDEN		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		NVS4584HHA		A. BUILDING B. WING		04/2	29/2011
			STREET ADD	RESS, CITY, STA	ATE. ZIP CODE	0-4/2	.5/2011
CHISAL HOME HEALTH AGENCY 6230 MG			6230 MCCL	EOD DRIVE, S, NV 89120			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
H 00	INITIAL COMMENTS			H 00			
	This Statement of Deficiencies was generated as a result of a Focused State Relicensure survey conducted in your facility on 04/28/11 and finalized on 04/29/11, in accordance with Nevada Administrative Code, Chapter 449, Home Health Agencies. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. Three patient records were reviewed. One home visit was conducted. Seven personnel records were reviewed.						
	The following regulatory deficiencies were identified.						
H141	2. The professional Advisory Group 2. The professional advisory group must include at least one member who is a practicing physician, one professional registered nurse, representatives from other professional disciplines as indicated by the scope of the agency's program and two members who are representatives of the general public served by the agency. At least one member of the advisory group may not be an owner or employee of the agency. The administrator or his designee shall attend all meetings of the advisory group. This Regulation is not met as evidenced by:		H141				
	Based on interview a	of met as evidenced by: nd document review the two members who we	Э				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H141	of the Professional Adonomics of the Administrator of the a acknowledged there was general public serving representatives on the Group since 01/16/10 reported the one commesigned in 2010 and Administrator confirm Advisory Group had rebiannual basis and the was held on 01/16/10. A review of the agence Group meeting minute Professional Advisory 01/16/10. There was a Professional Advisory since 01/16/10. A review of the facility Advisory Board Policy the following: Policy: "A group of probe established. This gat least biannually." Special Instructions: "administrator appoints include at least one progressional Advisory community."	e general public as mendivisory Group. AM an interview was diministrator and Assistate gency who both were no members of the grassional Advisor D. The Administrator munity representative had not been replaced ed the Professional not been meeting on a least meeting of the grassional Advisor of the grassional Procedure included the grassional personnel standard procedure included	ant e y . The oup ory ce of es al ed mall ently,	H141			

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H141	Continued From page	2		H141			
	by the Administrator.						
	Severity: 2	Scope: 3					
H142	449.779 Professional	Advisory Group		H142			
	3. The advisory group shall meet at regular intervals, but at least once a year. Dated minutes must reflect an evaluation of overall agency performance, including the availability of services, the utilization of services and the quality of services. Recommendations must be forwarded to the governing body. This Regulation is not met as evidenced by: Based on interview and document review the agency failed to ensure the Professional Advisory Group met at regular intervals or at least once a year and maintained minutes of an evaluation of the agency's performance. On 04/28/11 at 11:00 AM an interview was						
	had not been meeting	gency who both ofessional Advisory Gro y on a yearly or biannua eting of the group was	al l				
	Group meeting minute Professional Advisory 01/16/10. There was		ce of				
	_	o's undated Professiona or and Procedure include					
	Policy: "A group of pro	ofessional personnel sh	nall				

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CHISAL HOME HEALTH AGENCY			6230 MCCL	DDRESS, CITY, STATE, ZIP CODE CLEOD DRIVE, SUITE #100 GAS, NV 89120					
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H142	be established. This gat least biannually." The Professional Adv	group shall meet freque	·	H142					
H175	449.793 Evaluation by Governing Body			H175					
	agency once a year. evaluation is to audit, procedures, and reco changes and ensure regulations are being This Regulation is no Based on interview a governing body of the audit of the agency o and procedures and o	ding for an evaluation of the purpose of the review policies and symmend additions or that the policies and met. The policies are that the policies and met as evidenced by and document review the agency failed to province a year to review policies.	: e de an blicies						
	On 04/28/11 at 11:00 AM an interview was conducted with the Administrator of the agency who acknowledged the governing body last met on 01/16/10 to conduct an audit of the agency.								
	minutes confirmed the	y's governing body mee e last documented mee y was held on 01/16/10	eting						
	The Governing Body included the following	By Laws of the agency g:	y						
	Meeting of Members								
		ne annual meeting of th acy shall be held on the							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF PE	ROVIDER OR SUPPLIER	1 TOTOGOTHIA	STREET ADD	I RESS, CITY, STA	TE, ZIP CODE	1 04/2	- J/ LU
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H175	second Thursday in September each year, if not a legal holiday; and if a legal holiday, then within a two week period, for the purpose of electing directors and for the transaction of such business as may properly come before the members." "The affairs of the agency shall be managed and controlled by its Governing Body whose powers and responsibilities shall include, but shall not be limited to the following: A. To determine the agency's policies and objectives with respect to administrative, financial, and patient care matters."		H175				
	Scope: 3 Severity: 2 449.793 Evaluation by Governing Body 6. The governing body shall provide for a quarterly review of 10 percent of the records of patients who have received services during hte preceding 3 months in each services area. The members of the committee must include an administrative representative, a physician, a registered nurse and a clerk or librarian who keeps records. The clerk or librarian shall review the clinical records to ensure that they are complete, that all forms are properly filled out and that documentation complies with good medical practices. The committee shall determine whether the services have been provided to the patients in an adequate and appropriate manner by all levels of service. The committee shall record any deficiencies and make necessary recommendations to the administrator. If the branch offices are small, two or more offices may establish one committee to review cases from each are. Each subunit agency must establish a committee to review cases within its area.		H180	f this statement of deficiencies.			

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H180 Continued From page	Continued From page 5		H180					
documented and avail This Regulation is no Based on interview ar agency failed to have established to conduct percent of patient reco the years 2010 and 20 documented evidence minutes available for no On 04/28/11 at 12:00 conducted with the As /Quality Assurance Mathe agency did not have that included a physic conducted quarterly re patient records for the quarter of 2010 or the Quality Assurance Mathe agency has been decompleted patient chaves for the first quarter 03/31/10) The Quality Assurance the agency had no confor any patient record review. A document review re evidence of an establic conducted quarterly re There was no docume committee meeting mi The agency's undated Policy: "A clinical record	t met as evidenced by: and document review the evidence of a commit et quarterly reviews of 1 ords on a quarterly bas 011 and failed to have e of committee meeting review. PM an interview was esistant Administrator anager who acknowled eve a committee establi ian and clerk that had eviews of 10 percent of esecond, third or forth first quarter of 2011. Tanager reported the las art review at the agence er of 2010. (01/01/10 to e Manager acknowled mmittee meeting minut reviews available for evealed no documented shed committee who eview of patient record ented evidence of	tee tee 10 sis for dged shed f The t t cy o						

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H180 Contin	Continued From page 6			H180			
compliand prince accreding to the alth special arandor client be quarter of each service service service service service service service actegor recommendation retained evaluation according to the service s	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)						